

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

ADDRESS: 101 SOUTH EMERSON AVENUE
SHELLEY, ID 83274

FACILITY: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

LOCATION: 618 EAST 1250 NORTH
SHELLEY, ID 83274

ATTN: ERIC CHRISTENSEN, MAYOR

ID0020133	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83274

MINOR \$

(SUBR 03)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31	34		*****	3	3			Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	115 MO AVG	172 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	233	*****			Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	31	34		*****	3	3			Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	172 MO AVG	249 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	373	*****			Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.33	1.52		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			Eight Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

ADDRESS: 101 SOUTH EMERSON AVENUE
SHELLEY, ID 83274

FACILITY: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

LOCATION: 618 EAST 1250 NORTH
SHELLEY, ID 83274

ATTN: ERIC CHRISTENSEN, MAYOR

ID0020133	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83274

MINOR \$

(SUBR 03)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

ADDRESS: 101 SOUTH EMERSON AVENUE
SHELLEY, ID 83274

FACILITY: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

LOCATION: 618 EAST 1250 NORTH
SHELLEY, ID 83274

ATTN: ERIC CHRISTENSEN, MAYOR

ID0020133	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83274

MINOR \$

(SUBR 03)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31	34		*****	3	3			Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	115 MO AVG	172 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	250	*****			Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	38	63		*****	4	6			Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	172 MO AVG	249 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	352	*****			Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.26	1.45		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			Eight Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

ADDRESS: 101 SOUTH EMERSON AVENUE
SHELLEY, ID 83274

FACILITY: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

LOCATION: 618 EAST 1250 NORTH
SHELLEY, ID 83274

ATTN: ERIC CHRISTENSEN, MAYOR

ID0020133	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83274

MINOR \$

(SUBR 03)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

ADDRESS: 101 SOUTH EMERSON AVENUE
SHELLEY, ID 83274

FACILITY: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

LOCATION: 618 EAST 1250 NORTH
SHELLEY, ID 83274

ATTN: ERIC CHRISTENSEN, MAYOR

ID0020133	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83274

MINOR \$

(SUBR 03)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	33		*****	3	3			Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	115 MO AVG	172 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	260	*****			Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	32	33		*****	3	3			Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	172 MO AVG	249 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	367	*****			Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	1.5		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			Nine Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY
ADDRESS: 101 SOUTH EMERSON AVENUE
 SHELLEY, ID 83274

FACILITY: EASTERN IDAHO REGIONAL WASTEWATER AUTHORITY

LOCATION: 618 EAST 1250 NORTH
 SHELLEY, ID 83274

ATTN: ERIC CHRISTENSEN, MAYOR

ID0020133	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83274

MINOR \$

(SUBR 03)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)